

# FINAL REPORT



**Cooperative Agreement No. H.D.A.-A-00-02-00163-00**

**Public Health in Complex Emergencies Course (PHCE II)**

**Submitted by:**

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Date: 15 February 2006

## **Acknowledgments:**

World Education wishes to acknowledge the hard work of the people and organizations that have made the Public Health in Complex Emergencies course a success. They include:

### **Asian Disaster Preparedness Center:**

Dr. Suvit Yodmani  
Dr. Marcel Dubolouz  
Ms. Janette Lauza-Ugsang

### **American University of Beirut:**

Dr. Huda Zurayk  
Dr. Muna Al-Khalidi

### **Makerere University Institute of Public Health:**

Dr. David Serwadda  
Dr. Christopher Orach  
Mr. Lynn Atuyambe  
Mrs. Prima Wasukira Nalubega  
Mr. Rudolf Buga

### **Columbia University Mailman School of Public Health:**

Dr. Ronald Waldman

### **International Rescue Committee:**

Ms. Lorna Stevens

### **World Education, Inc:**

Ms. Beth Gragg  
Ms. Katherine Shields  
Ms. Nadira Sansour

Special acknowledgement and thanks to the following organizations:

Action Against Hunger, AMREF-Uganda, American Red Cross, American Refugee Committee, CARE, Catholic Relief Services, Center for Culture, Ethnicity and Health (Australia), Columbia University Mailman School of Public Health, Doctors of the World, InterAction, International Medical Corps, International Aid, Mercy Corps, Macfarlane Burnet Centre for Medical Research (Australia), Medecins Sans Frontieres, MERLIN, Peace Corps, RedR, Relief International, Save the Children, Shoklo Malaria Research Unit, Transcultural Psychosocial Organization, United Nations High Commission for Refugees, U.S. Centers for Disease Control and Prevention, Women's Commission for Refugee Women and Children, World Food Programme, World Health Organization, World Vision.

We also wish to acknowledge the support of Barbara Howald and Nancy Egbert, Cognizant Technical Officers for PHCE from the **Office of Foreign Disaster Assistance of United States Agency for International Development.**

## Table of Contents

I. Executive Summary .....	5
II. Overview of Public Health in Complex Emergencies Course .....	6
III. Objectives of the Cooperative Agreement .....	8
IV. Activities .....	8
V. Discussion: Actual Performance vs. Targets .....	19
VI. Monitoring and Evaluation .....	25
VII. Lessons Learned .....	32
VIII. Financial Report .....	35

**Acronyms used in this report:**

<b>ADPC</b>	Asian Disaster Preparedness Center
<b>AUB</b>	American University of Beirut
<b>CTO</b>	Cognizant Technical Officer
<b>CU</b>	Columbia University Joseph E. Mailman School of Public Health Program on Forced Migration and Refugees
<b>IPH</b>	Makerere University Institute of Public Health
<b>IRC</b>	International Rescue Committee
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Nongovernmental Organization
<b>OFDA</b>	Office of Foreign Disaster Assistance
<b>PHCE</b>	Public Health in Complex Emergencies
<b>USAID</b>	United States Agency for International Development
<b>WEI</b>	World Education, Inc.

## **Final Report**

### **Public Health in Complex Emergencies Course**

Cooperative Agreement No. HDA-A-00-02-00163-00

#### **I. Executive Summary**

The Office of Foreign Disaster Assistance at USAID awarded World Education, Inc. cooperative agreement number HDA-A-00-02-00163-00 in September 2002. This three-year agreement continued OFDA's support for the Public Health in Complex Emergencies (PHCE) course, permitting World Education and its subcontractors, the International Rescue Committee and the Program of Forced Migration and Refugees at Columbia University's Joseph E. Mailman School of Public Health to strengthen the capacity of three institutions in Asia, Africa and the Middle East to implement the Public Health in Complex Emergencies course on a regional basis.

The course is a twelve day, intensive workshop that weaves together topics such as epidemiology, communicable disease, environmental health, nutrition, reproductive health and psychosocial issues in a way that helps public health practitioners understand the relationships among them and the need to have a coordinated response to the health needs of refugees and internally displaced persons. The course brings together international groups of field-based humanitarian relief workers who are interested in practical, problem-solving exercises that help them sharpen their critical thinking and decision making skills. This helps prepare them to make decisions that will help lower mortality and morbidity that are the result of war, civil strife and other disasters.

The focus of this second OFDA grant to PHCE was to work with three regional institutions with established programs in public health to help them strengthen the systems that are necessary to carry out a course with the global reach of PHCE. After a competitive process, Asian Disaster Preparedness Center in Bangkok, American University of Beirut, and the Makerere University Institute of Public Health were selected as PHCE regional institutions. With these three partners on board, PHCE effectively covered three major regions of the world where complex emergencies are, unfortunately, all too common.

The PHCE II team achieved its target number of eight courses and trained 192 participants over three years time. According to surveys conducted after the completion of each course, the knowledge and skills that participants gained during the course were also conveyed in orientations or "mini-trainings" to approximately 1700 additional humanitarian relief workers. And, equally important is that the goal of building the capacity of three regional institutions to continue carrying out the course at end of this cooperative agreement was reached when the regional institutions formed the Public Health in Complex Emergencies Partnership. Supported by World Education and the International Rescue Committee, the Partnership will continue to demonstrate the commitment of all of its partners to building a more professional and technically capable workforce that can effectively respond to the health needs of refugees and internally displaced persons around the globe.

## **II. Overview of Public Health in Complex Emergencies Course**

### **A. Description of the Course**

The purpose of the Public Health in Complex Emergencies course (PHCE) is to improve the quality of public health assistance available to refugees and displaced persons involved in emergencies. The field of emergency assistance has become a discipline that requires providers to have a working knowledge of the important issues involved in emergencies. As decision-makers in these situations, it is important for humanitarian relief workers to be as prepared as possible to carry out their responsibilities and the PHCE course plays an important role in that process.

The Public Health in Complex Emergencies course is a twelve-day course and its overarching goal is to help course participants become well-informed decision-makers and managers of public health policy in complex emergencies. Participants learn about several different aspects of public health in complex emergencies, such as epidemiology, nutrition, communicable disease, reproductive health, psychosocial issues, ethical issues and environmental health. The course strives to help practitioners place these public health issues in a context that helps them manage and coordinate public health interventions more effectively. While participants are not expected to become experts in each aspect of public health, they are asked to think about how each affects the way they carry out their work in complex emergencies.

Because every emergency context is different, the facilitators in the course are not able to answer all questions about each situation. However, the course methodology does assist participants in becoming informed decision-makers so that they can make crucial decisions in the field as they mediate between the displaced and the sources of assistance. It is their responsibility to be as informed as possible, on all levels, and the course is successful at highlighting that need.

While PHCE focuses on the public health aspects of emergencies, it cannot divorce itself from the political, economic, and military aspects of emergencies. These contextual issues, among others, are highlighted in the opening day of the course, and all facilitators are asked to place their topics within that context as much as possible. (*A Course Overview is attached*).

### **B. Phase I of PHCE**

The course was created from a clearly defined need to help professionals respond to emergencies and to manage their resources more effectively. In 1994 approximately one million Rwandans fled into Zaire and Tanzania. Over 50,000 Rwandans died in Goma in the first weeks of that crisis because the assistance that relief agencies provided did not respond to the refugees' needs. For example, refugees arriving in Goma were not permitted to stay and were relocated to a site 25 miles from the nearest water source. The camp was built on a lava bed, making latrine building extremely difficult and water almost impossible to find. In a poor country with few resources, water for almost a million people had to be trucked in, arriving at a location unprepared to receive it. Though there was

good will to assist this huge population, help was too little and too late, and the relief workers there were completely overwhelmed by the magnitude of the refugees' needs.

A group of practitioners who worked in the Rwanda refugee camps reported on the problems that resulted in the high mortality so that they might be addressed and prevented in the future. The international community had come to realize that forced migration is an ongoing and increasing problem and that it should be prepared to respond in a coordinated, effective manner. The report, *The Public Health Impact of Rwandan Refugee Crisis: What Really Happened In Goma*<sup>1</sup>, highlighted training and orientation as a major issue in providing assistance in large and complex emergencies.

In response to this need, USAID's Office of Foreign Disaster Assistance funded InterAction<sup>2</sup> to create a course designed to improve the knowledge and decision making capabilities of personnel involved in humanitarian assistance. Experienced individuals who have studied the problems involved in emergency relief worked for two years to write the curriculum for the course. Piloted in West Virginia, USA in 1997, the course was successful enough to warrant implementation. In 1998 Columbia University's Joseph E. Mailman School of Public Health (CU) received a second grant from OFDA to further develop the course with the aim of making it available to nongovernmental organizations (NGOs) around the world so that they might train their staff in some of the essential problems facing relief personnel. Columbia worked in collaboration with World Education, which was responsible for refining the curriculum, and with the International Rescue Committee, which was responsible for ensuring the participation of non-governmental organizations in all aspects of the course. Between 1999 and 2001, eight courses were implemented in a variety of settings; all of the courses were managed centrally from New York by Columbia University with the assistance of local agencies on an as-needed basis.

### **C. Phase II of PHCE**

In the second phase of the project, the focus shifted to decentralizing the course delivery to three regions around the world. OFDA's rationale was that the course should be as close to the field as possible, and that it would be of benefit to develop regional institutions' capacity to carry out high quality, internationally recognized training programs of this nature. In September 2002, World Education was awarded a cooperative agreement to work with subcontractors IRC and Columbia University to build the capacity of three regional institutions to take on increasing levels of responsibility for the course, and to ultimately deliver the course independently. That cooperative agreement is the subject of this report.

Under the first phase of PHCE, the partners "parachuted" into a venue, conducted the course, and returned to the United States. This model worked well for training humanitarian relief workers involved in a variety of situations, but managing the course

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<sup>1</sup> Goma Epidemiology Group: Public health impact of Rwandan refugee crisis: *What happened in Goma, Zaire, in July, 1994?* Lancet, 1995.

<sup>2</sup> InterAction is an umbrella organization of US NGOs.

centrally did not build regional capacity for continuing the course once the grant had ended. The focus of the current agreement is twofold: to continue to develop humanitarian relief workers' ability to engage in decision-making about public health interventions in emergencies, and to work with regional institutions to help them build their capacity to implement the course and to strengthen their reputations as sources of quality training programs of this nature.

In the first year of the agreement, WEI conducted a selection process to identify and assess institutions around the world that would be capable of continuing to carry out the course after the OFDA agreement was completed. Following a competitive process, the American University of Beirut (AUB), the Asian Disaster Preparedness Center (ADPC) and the Institute of Public Health at Makerere University (IPH) were chosen as those three institutions. They developed sustainability plans with WEI and began to take increasing responsibility for implementing the course. By mid-November 2005 the three regional institutions had implemented a total of eight courses, taking on complete responsibility for all aspects of the course implementation and evaluation with little support from WEI and IRC.

### **III. Objectives of the Cooperative Agreement:**

1. Train 240 humanitarian practitioners through eight PHCE residential courses, offered in conjunction with regional institutions around the world over the course of three years.
2. Build the capacity of three regional partner institutions to deliver the course effectively, with the aim of increasing the long-term sustainability of the course.
3. Expand the pool of facilitators trained and familiar with the PHCE curriculum, with a focus on developing relationships with trainers based near the regional partner institutions.

### **IV. Activities**

#### **A. Year 1: September 2002 – August 2003**

##### **1. Administration and Start-up:**

- Recruited and hired PHCE Project Coordinator. Received more than 50 resumes for the position, interviewed 7 potential candidates. Hired Nadira Sansour, who began in late November 2002.
- Submitted Annual Workplan to OFDA for approval.
- Set up internal accounting systems, negotiated roles and responsibilities and signed sub-contracts with Columbia University and IRC.
- Transferred previous PHCE electronic and paper records from CU to WEI.

- Converted all of the Facilitator's Guides and Participant's Manuals for the course from Pagemaker to MS Word so that they could be more easily accessible to regional institutions.
- Conducted a brown bag presentation at InterAction Headquarters in Washington.

## 2. Publicity

Under the first OFDA grant the International Rescue Committee (IRC) had been primarily responsible for publicity campaigns. After a two year period between projects, IRC culled its PHCE listserv, began actively seeking new venues for advertising the course, and made contacts with other listservs to have them advertise the course in their on-line or paper publications. These included ALNAP, ODI's Humanitarian Practice Network, and several others.

## 3. Activities related to objectives:

Objective #1: **Train 240 humanitarian practitioners** through eight PHCE residential courses, offered in conjunction with regional institutions around the world over the course of three years.

The PHCE team delivered one course in the first year of the agreement:

- Makerere University Institute of Public Health (IPH) August 2003

PHCE projected delivering two courses in the first year of the agreement. Given the fact that all three institutions had to schedule the course at times that were complementary to their academic years or other ongoing programming, and because extensive time is needed to recruit participants and facilitators, the first courses were scheduled for late in the first year of the agreement (July and August 2003).

Makerere University Institute of Public Health (IPH) conducted its first course under this grant from 21 August – 6 September 2003. There were 28 participants in this course, representing 10 NGOs working in six different countries. The majority were public health professionals and worked in a field directly related to refugees or displaced populations. There were 18 male and 10 female participants. Overall course evaluations ranked the course as having successfully met its objectives, with high praises for the epidemiology, communicable disease and nutrition modules.

American University of Beirut (AUB) had scheduled a course for July 2003 and was forced to postpone it until December 2003. Reasons for postponing the Course included the fact that the PHCE name was not recognized in that region, and PHCE's established network of humanitarian relief workers did not reach those who respond to emergencies in the Middle East (governments, regional United Nations offices, etc.) This made it difficult to find and recruit participants. Within AUB there was limited knowledge of the course, and the AUB Course Director required additional time to build institutional commitment before decision makers were comfortable taking on the financial risk involved in conducting the course.

Asian Disaster Preparedness Center (ADPC) had scheduled a course for mid-2003, and decided to postpone it until 2004. The PHCE team was unable to attract enough participants to fill the course because the course's name recognition was not strong in the region, and IRC and ADPC took time to build up the necessary publicity network. In addition, the SARS epidemic served as a deterrent to potential applicants, as Bangkok was affected by the epidemic.

"Although I am a medical person, the course gave me a new kind of perspective in anticipating the most common diseases in emergency situations. I will use this information when our organization develops a disaster management plan." *Filipino Participant, ADPC 2005.*

Objective #2: **Build the capacity** of three regional partner institutions to deliver the course effectively, with the aim of increasing the long-term sustainability of the course.

WEI conducted a competitive selection process to identify regional institutions that were equipped and willing to implement the course after the end of the cooperative agreement. Once selected, WEI negotiated subcontracts with each individual institution.

Based on lessons learned from the previous PHCE grant, WEI developed selection criteria for use in identifying potential partner institutions. Through a competitive proposal process WEI circulated these criteria and requested responses from interested institutions. WEI received proposals from six institutions, and chose three institutions that matched the criteria from among those applicants. The Institute of Public Health at Makerere University in Kampala and the Asian Disaster Preparedness Center in Bangkok had limited prior experience with PHCE under the previous PHCE grant, and as such were known entities to the PHCE team. American University of Beirut was a newcomer to the project and, as a well-known entity in the Middle East, was seen as a strategic addition to the team. Even though the Middle East had demonstrated a need for the course, it had not been a target region under the previous PHCE grant. The need for a course of this nature in the region, combined with AUB's excellent reputation for its Faculty of Health Sciences made AUB a welcome partner to the PHCE team.

[Conducting our second course] was a good learning experience for the Faculty of Health Sciences where we took over all but receiving of applications and fees. Following the success of this course the Dean of FHS has taken the decision to continue to offer the course on a basis yearly taking full responsibility for all aspects of the course. *Course Director, AUB.*

WEI and IRC provided intensive technical assistance to the three regional institutions to prepare them to conduct their respective courses. Each institution required different assistance, but all required help in identifying and contacting facilitators, orienting facilitators, and publicizing, recruiting and vetting participants for the course. In addition, WEI provided an extensive orientation to the curriculum for facilitators and organizers. In essence, the first round of courses was conducted primarily by WEI and IRC, with on-the-ground administrative support from the regional institutions. WEI Project Coordinator traveled to the course conducted by IPH in Uganda to

act as Managing Facilitator and to help with course administration and to work with IPH to identify areas that required further strengthening.

**Objective #3: Expand the pool of facilitators trained and familiar with the PHCE curriculum, with a focus on developing relationships with trainers based near the regional partner institutions.**

The PHCE course includes ten modules, so there is the potential for ten technical facilitators to be involved in carrying out the course.<sup>3</sup> To maintain consistency and cohesion among all of the modules, the course uses a Managing Facilitator model, which involves one person who is responsible for overseeing that all facilitators are prepared, that the adult learning methodology is followed, and that the participants' learning needs are taken into consideration during the delivery of the course.

Five technical facilitators who had not previously trained a PHCE course were recruited for the IPH course in August 2003, thus beginning to expand the pool in Africa. WEI's Project Coordinator acted as the Managing Facilitator, with an IPH staff member as co-facilitator. The IPH Managing Facilitator had participated in a course held in 1999 and had received an orientation to the Managing Facilitator's role after completing that course. IPH and WEI recruited two previous PHCE participants who were working in the region as technical facilitators. This represented a substantial step toward identifying facilitators from within the region to train the course and was to remain one strategy for expanding the pool of facilitators for the course.

## **B. Year 2: September 2003 – August 2004**

### **1. Administrative Tasks:**

WEI established on-line publicity brochures, application forms and access to pre-course reading materials, thus shortening the amount of time required for participants to find out if they had been accepted to the course and substantially lowering the mailing costs for course materials.

WEI ended subcontract with Columbia University Joseph E. Mailman School of Public Health on 15 August 2004, as scheduled.

In August 2004, OFDA modified the total obligated amount for this award to \$705,000. The original award was in the amount of \$749,649. This change was made as part of across-the-board budget changes unrelated to this project's performance. A new budget was approved reflecting this change.

WEI facilitated a curriculum review and revision process for six of the existing modules in the curriculum. The review was not originally budgeted, but was deemed necessary to better meet the changing context of complex emergencies and to help regional partners

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<sup>3</sup> The number of facilitators per Course rarely equals ten, as most Courses recruit facilitators to train more than one module.

maintain the quality of the course. In addition, WEI reproduced electronic versions of the PHCE Facilitator's Guide, Participant's Manual and most supplementary readings. The CDs were distributed to each participant by the end of each course, thus increasing the possibility that they would have accurate and up-to-date reference material once they returned to their workplaces. The Facilitator's Guide also helps those participants who carry out mini-trainings with colleagues in the field. (*The full curriculum on CD accompanies this report*).

## 2. Publicity:

IRC continued to be primarily responsible for this process, but with increased involvement and participation from regional partners. IRC updated its extensive database of NGOs, Ministries, UN organizations, websites and other sources of potential applicants and shared that database with IPH, AUB and ADPC. Jointly, the project team conducted research on other potential sources of participants. Given lessons learned during the publicity campaign in Year 1, the PHCE team updated and expanded its network and contacts, and IRC worked out a process with each regional institution for how to carry out regional publicity. The team also improved the PHCE brochure and set the course dates well in advance. This increased the intensity and duration of the global publicity campaign, allowing for participants (and facilitators) to plan ahead for courses.

## 3. Activities related to objectives:

Objective #1: **Train 240 humanitarian practitioners** through eight PHCE residential courses, offered in conjunction with regional institutions around the world over the course of three years.

The PHCE team delivered three courses in the second year of the agreement:

- American University of Beirut in December 2003
- Asian Disaster Preparedness Center in January 2004 and July 2004

AUB held its first PHCE Course from 1 December to 13 December 2003 in Beirut, Lebanon. There were 17 participants in the course, representing seven NGOs, nine nationalities and working in ten different countries. Almost all of the participants had been exposed to public health concepts, but this course marked a departure from the "traditional" PHCE participant in that the majority was primarily medical doctors as opposed to public health practitioners. This was to demonstrate a trend in the Middle East and had an impact on the networks that PHCE tapped into for publicizing and recruiting course participants. There were 14 male and 3 female participants.

Lesson learned: "Coordination in complex emergencies is the engine for any activity to move properly without interference. In whatever activities we plan and implement, with coordination we shall be able to avoid problems like work related conflicts by not interfering with another's work and sharing transport when moving to the same location, and being concerned enough to know one another's work so that we can refer problems which we are not directly concerned with."  
*Ugandan Participant, AUB 2005.*

The Asian Disaster Preparedness Center (ADPC) conducted two courses in 2004: one in January and the other in July. The January date represented the course that had been rescheduled from the previous year, and the July course represented the original date that ADPC had set in its sub-contract with WEI.

ADPC's first PHCE course was held from 19 January to 31 January 2004. There were 19 participants in the course, representing seven NGOs, nine nationalities working in eight different countries. There were 13 male and 6 female participants. Almost all of the participants were public health professionals, doctors and/or managers who worked on issues directly related to refugees or displaced populations. Six of the participants were from the Ministry of Health in Afghanistan. The majority of the facilitators had previously trained at least one PHCE course.

ADPC's second PHCE course was held from 25 July to 7 August 2004. There were 13 participants in this course. The participants represented four NGOs, nine nationalities working in eight different countries. There were 9 male and 4 female participants present. The low number of participants was attributed to the newly emerging emergency in Darfur, Sudan. For this reason, the organizing team faced difficulties in recruiting facilitators and participants, with some major NGOs canceling their participation at the last minute because they needed staff elsewhere. The financial loss involved in putting on a course with fewer than the number of full-paying participants was borne by ADPC as PHCE had become recognized as a way for it to expand its Public Health in Emergencies portfolio and to increase its visibility in the region.

**Objective #2: Build the capacity** of three regional partner institutions to deliver the course effectively, with the aim of increasing the long-term sustainability of the course.

WEI developed capacity building plans in conjunction with each regional institution. After each regional institution had conducted its first course, WEI's Project Coordinator worked with them to identify how they would take on increasing responsibility for the preparation, implementation and evaluation of PHCE in their regions. Following are benchmarks included in the capacity building plan:

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>Regional Partners</b>	<ul style="list-style-type: none"> <li>Participate in venue selection, logistical arrangements</li> <li>Identify potential facilitators based in the region</li> <li>Produce participant manuals with help</li> <li>Carry out Course Director and Managing Facilitator roles jointly with WEI</li> <li>Negotiate expectations with WEI for institutionalization of the course into ongoing programming</li> </ul>	<ul style="list-style-type: none"> <li>Responsible for venue selection, logistical arrangements</li> <li>Select facilitators, in consultation with WEI</li> <li>Produce participant manuals independently</li> <li>Carry out Course Director and Managing Facilitator roles independently</li> <li>Develop a joint plan for institutionalizing the course into ongoing programming, including identifying funding sources</li> <li>Participate in recruitment and admissions process for Course participants</li> <li>Conduct joint monitoring &amp; evaluation of participant learning and facilitator performance</li> </ul>	<ul style="list-style-type: none"> <li>Responsible for venue selection, logistical arrangements</li> <li>Select facilitators with minimal input from WEI</li> <li>Produce participant manuals independently</li> <li>Carry out Course Director and Managing Facilitator roles independently</li> <li>Report on plan for institutionalizing the Course into ongoing programming, with specific focus on areas for further support</li> <li>Participate in recruitment and admissions process for Course participants</li> <li>Conduct joint monitoring &amp; evaluation of participant learning and facilitator performance</li> </ul>
<b>WEI-CU-IRC</b>	<ul style="list-style-type: none"> <li>Advise on venue selection, logistical arrangements</li> <li>Identify international facilitators and manage the selection process</li> <li>Provide guidance for producing participant manuals and other resource materials onsite</li> <li>Train partners' staff in Course Director and Managing Facilitator roles</li> <li>Negotiate expectations with the regional partner for institutionalization of the course into ongoing programming</li> <li>Conduct international promotions, recruitment and admissions</li> <li>Conduct monitoring and evaluation of subaward management, facilitator performance, participant learning and application of skills</li> </ul>	<ul style="list-style-type: none"> <li>Consult on facilitator identification &amp; selection</li> <li>Develop a joint plan for institutionalizing the course into ongoing programming, including identifying funding sources</li> <li>Lead international promotions, recruitment and admissions process, with input from regional partner</li> <li>Conduct monitoring &amp; evaluation of subaward management, progress on institutionalization, and participants' application of skills</li> </ul>	<ul style="list-style-type: none"> <li>Consult on facilitator identification &amp; selection as needed</li> <li>Provide technical assistance to partners for institutionalization, including proposal development</li> <li>Lead international promotions, recruitment and admissions process, with input from regional partner</li> <li>Conduct monitoring &amp; evaluation of subaward management, progress on institutionalization, and participants' application of skills</li> </ul>

During the first round of courses, the regional institutions were primarily observers to the admissions, publicity and facilitator recruitment processes. However, from the first course they had provided the administrative and logistical support required to ensure that all participants and facilitators were housed, fed, transported to and from airports, secured their proper visas, set up and maintained a conducive learning atmosphere in the training room, prepared all materials for dissemination to participants, and handled all of the other details necessary to carry out a two-week long residential course. Beginning with their second round of courses, regional institutions became much more involved in identifying facilitators, recruiting participants, determining their break-even costs for the course<sup>4</sup>, vetting applications and making final decisions about who should be accepted to attend the course.

They were also more involved in deciding how their internal budgets would be spent. In April 2004, OFDA reduced its financial obligation to the PHCE course, hastening the need for regional institutions to take on full financial responsibility for implementing the course and linking each institution's budgets to the amount that they actually collected in tuitions. This placed the decision-making and accountability firmly within the regional institutions' purview and had the added benefit of making them be clear and realistic about their budgets. It also required them to participate more fully in recruiting participants, and ensuring the quality of facilitators, as it became increasingly clear that if the facilitators did not do a good job, the institutions would lose valuable "word of mouth" publicity from graduates of the course.

**Objective #3: Expand the pool of facilitators trained and familiar with the PHCE curriculum, with a focus on developing relationships with trainers based near the regional partner institutions.**

WEI and IRC continued to take the lead in identifying internationally-based facilitators, while regional institutions took on increasing responsibility for identifying, recruiting and orienting regionally-based facilitators. Diversifying the pool of facilitators increased the number of interested and qualified trainers to conduct the course, and contributed to regional sustainability by lowering travel costs and widening the pool of qualified trainers. In many cases regional facilitators acted as co-facilitators with more experienced trainers, attempting to form teams that are experienced in the field, expert at their topic and good facilitators.

Several course participants themselves proved to be good potential facilitators and have acted as technical facilitators, particularly for specialized topics such as Protection and Security, Coordination and Reproductive Health.

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<sup>4</sup> The break-even point refers to the number of tuitions that must be collected in order for an institution to cover the administrative costs of carrying out the course.

## **C. Year 3: September 2004 – November 2005<sup>5</sup>**

### **1. Administrative:**

In January 2005 Nadira Sansour, Project Coordinator for PHCE, left WEI to take on a position in the West Bank. Her responsibilities were taken on by the Project Director and by the Curriculum Specialist for WEI. She was not replaced as there were only eight months remaining on the cooperative agreement.

In June 2005, OFDA approved a reallocation of budget line items to allow for reprogramming of existing funds to conduct a Sustainability Meeting in Boston with the PHCE regional partners.

World Education received a no-cost extension in August 2005, extending the end date of the cooperative agreement to November 15, 2005. The main purpose of the extension was to help PHCE regional partners to consolidate their plans for future sustainability.

### **2. Publicity:**

The PHCE team established a pattern of periodic global publicity campaigns carried out by IRC, backed by intensive, personal follow-up on the parts of regional institutions. Personal follow-up was particularly important for the Middle East and Asia. Africa had a well-established need and large base of international NGOs responding to crises in their region so personal follow-up was not as critical there. IRC continued to expand and cull its database of NGOs, United Nations, Ministry of Health and other organizations on the PHCE database. The database currently consists of approximately 500 NGOs and other organizations, not including internal IRC contacts.

### **3. Activities related to objectives:**

Objective #1: **Train humanitarian practitioners through seven PHCE residential courses, offered in conjunction with regional institutions around the world over the course of three years.**

The PHCE team conducted four courses in Year 3 of the cooperative agreement, achieving its original goal of eight courses conducted under this OFDA cooperative agreement. They were:

- Makerere University Institute of Public Health in November 2004
- American University of Beirut in February 2005
- Asian Disaster Preparedness Center in May 2005
- Makerere University Institute of Public Health in November 2005

IPH delivered its second and third courses during the third year of the cooperative agreement. In the Course held in November 2004, 31 participants were trained, indicating

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<sup>5</sup> Reflects a no-cost extension granted by OFDA to WEI (from 15 September to 15 November 2005).

that the name recognition of PHCE in Africa continued to improve and that IPH was taking more initiative for regional publicity and follow-up with potential participants. The great majority of the participants came from NGOs, with a smaller portion coming from Ministries of Health and UN organizations. Twenty-two of the thirty-one participants were working in Africa, and there were 13 females and 18 males attending.

In the IPH Course held in November 2005, 36 participants were trained. Sixteen countries around the world were represented, and several of those came from Uganda where the course has drawn the interest of those NGOs that are responding to the on-going emergency in the north of the country. There were 26 male and 10 female participants in this course, and of them 34 were public health practitioners with an NGO or with the United Nations. The remaining two were privately practicing consultants.

AUB conducted its second course in February 2005, with a total of 18 participants attending. Although 23 persons had confirmed their attendance, 2 participants from the Iraqi Ministry of Health – sponsored by WHO – were unable to travel to Lebanon because of new travel requirements, a Palestinian participant was denied exit from the Gaza Strip at the last minute, and 2 participants from the Iranian Ministry of Health were asked to remain in Iran in response to the earthquake in Zarand that has occurred less than a week before the start of the course. There were representatives from 12 countries in the course, with the majority being from NGOs either in the region or in Africa. The gender mix was 9 females and 9 males.

ADPC's third course under this agreement was conducted in May 2005. In that cohort there were 6 Africans, 3 Middle Easterners, 13 Asians or South Asians and 8 North Americans or Europeans. The majority of participants came from NGOs, with four others from United Nations agencies and a Ministry of Health, respectively. In this course there were 12 women and 18 men attending.

Objective #2: **Build the capacity of three regional partner institutions to deliver the course effectively, with the aim of increasing the long-term sustainability of the course.**

During the final year of this cooperative agreement, WEI and IRC continued to work with the regional institutions to prepare them to conduct the course without funding from OFDA. In addition to those tasks that they had already been carrying out, each institution took on almost complete responsibility for identifying and recruiting facilitators, ordering materials and paying vendors directly, vetting applications from potential participants and following up on delinquent tuitions. IRC continued to conduct global publicity campaigns, but the application process was changed to indicate that all applications were to be sent directly to the regional institutions and they became responsible for vetting applications and deciding if applicants met selection criteria.

One of the indicators of the PHCE capacity building process was that each institution developed a plan for how they would sustain the program in their institutions after the end of OFDA funding. A large determining factor is the extent to which the course is financially self-sustaining, as none of the three institutions have “deep pockets” from

which to subsidize losses. Both ADPC and IPH have conducted the course three times and have made a small profit, meaning that the course is financially self-sustaining there. They have stated their intent to continue conducting the course in the following ways: ADPC integrated the Public Health in Complex Emergencies training program into its larger Public Health in Emergencies division, thus expanding its natural disaster related portfolio to encompass complex emergencies. At IPH, the staff has made plans to incorporate the course curriculum into its graduate level public health programming, and to continue to implement the course as an offering to NGOs and other non-academic participants.

AUB is in a different position. They conducted two courses and were not able to break even financially on either. They have decided that the course scheduled for February/March 2006 will help them determine if they can afford to continue sponsoring PHCE. If so, they anticipate offering it as part of the Faculty of Health Science's Summer Institute, which draws professionals from the region for continuing education opportunities.

An even greater indicator of the success of the capacity building process was the fact that all three regional institutions have decided to form the PHCE Partnership, with WEI and IRC playing a support role in the Partnership. This indicates significant organizational commitment from all institutions to the Public Health in Complex Emergencies course, as well as recognition that the course has helped each of those institutions to solidify its reputation as a source of quality, regionally based training programs for humanitarian relief workers. (*See Discussion section for more detail on this objective*) The Partnership has scheduled courses for the following dates in 2006:

- American University of Beirut: March 6-18, 2006
- Asian Disaster Preparedness Center: May 8-20, 2006
- Institute of Public Health: November 6-18, 2006

**Objective #3: Expand the pool of facilitators trained and familiar with the PHCE curriculum, with a focus on developing relationships with trainers based near the regional partner institutions.**

Year 3 of the agreement saw steady increase in the number of facilitators that are from the respective regions. Each regional institution employs a variety of strategies to deepen their pools of facilitators. One strategy has been to recruit participants from previous courses who have demonstrated good technical expertise and the requisite facilitation skills. Another strategy is to use one facilitator for more than one module, and a third strategy is to have co-facilitators, one of whom usually possesses strong field experience, and the other who lends support by training the more didactic material.

At IPH, of a total of eleven technical facilitators, four were internationally based (for example, Geneva, New York, Delhi) and seven were from the immediate region (Kenya, Uganda, the Democratic Republic of Congo.) Of the regional facilitators, one was a previous participant in PHCE (Beirut 2004). IPH set up a system of co-facilitation with several of its own staff members working together with more experienced facilitators to conduct discrete modules of the course. This served them well for developing a deeper

pool of people from which to draw. The Managing Facilitator and Course Directors were both from among IPH staff, and the Managing Facilitator had been a PHCE participant in PHCE (New York 1999). In addition, IPH had a team of two administrative staff who attend to logistics and administration of the course.

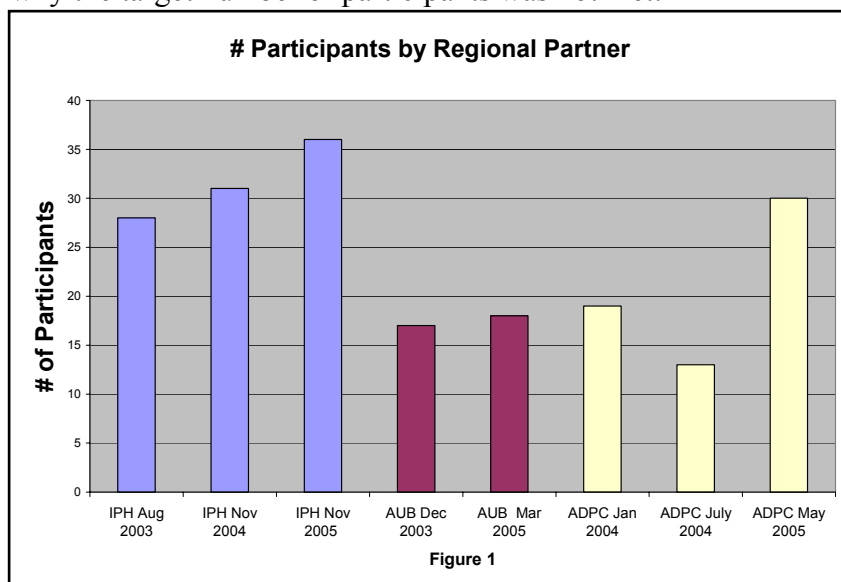
At AUB there were eight technical facilitators for the course in 2005, and of those, five came from outside the region (New York, Oxford, Geneva and Washington, DC.) The three regional facilitators came from Cairo and Beirut or other parts of Lebanon. One AUB staff member co-facilitated the Epidemiology module with an international facilitator. The Course Director also acted as the Managing Facilitator; to assist in logistics and administrative responsibilities she hired a part-time, temporary assistant to help with logistics and administration before and during the course.

At ADPC, of the eight technical facilitators, two were internationally-based and six were based in Thailand. The two international facilitators were from Australia and India. Of the technical facilitators, three had been participants in previous courses. One cost saving strategy that ADPC has implemented is that of having an ADPC staff member take on technical facilitation for some of the more technical modules. In this course, the Director of their Public Health in Emergency Program took on facilitation of four different modules. Managing Facilitator and Course Director positions were taken on by ADPC staff, supported by a team of three to four administrative staff who attend to logistics, accommodation, room set-up and other administrative aspects of the course.

## V. Discussion: Actual Performance vs. Targets

### A. Objective #1: Train 240 humanitarian practitioners

The first objective of the Public Health in Complex Emergencies training program was to train 240 participants in seven courses over the three year period. The PHCE team conducted eight courses and trained a total of 192 participants. There are several reasons why the target number of participants was not met:



The target number of participants was calculated based on 30 participants in each of 8 courses. While the PHCE team was able to conduct eight courses by the end of the cooperative agreement, in Year 1, no course was able to attract 30 participants and in Year 2, only IPH was able to attain that goal. ADPC attracted 30

participants in its third course (May 2005) and AUB has yet to achieve that goal. (*See Figure 1*)

Rationale for that shortfall includes the fact that the period between the end of the first OFDA grant to PHCE and the start-up for the second grant was two years.<sup>6</sup> In the world of international short courses, this is a long time, and in the meantime, PHCE name recognition dwindled. It took almost a full cycle of courses before PHCE would gain momentum again, effectively making it more than three years before the course would again be established on a global basis.

Both IPH in Kampala and ADPC in Bangkok had hosted PHCE courses under the first cooperative agreement with OFDA (IPH Kampala 1999, Entebbe 2000 & 2001, and ADPC Bangkok 2000), so their regions had some exposure to the course. While the addition of the American University of Beirut was a strategic decision to tap into a new market for participants in a region where there is a need for this type of training, it takes time to establish a market for the course, especially in a region with no prior exposure to it.

In the Middle East, the actors involved in providing humanitarian relief are a different set of actors than those in Africa or Asia and the PHCE publicity network was not prepared for that fact. This required intensive time-consuming efforts to identify potential sources of participants and after more than two years it is not a foregone conclusion that the course will be sustainable in this region.

In addition, events beyond the team's control contributed to the reduction in the numbers of participants that PHCE was able to train. For example, ADPC planned a Bangkok course for July 2003, when the SARS epidemic struck Southeast Asia. The team postponed the course because potential participants were not applying, which was attributed to fear of travel to Thailand because of the epidemic. The Iraq war and car bombings caused uncertainty about travel to Beirut, along with visa constraints for nationals traveling from neighboring states, and travel insurance bans for some international NGO participants.

Another, perhaps more important factor, is that in Year 2 of this agreement the regional institutions began to set their own targets for the course, tying their financial break-even points to the number of full-paying tuitions they collected. None of the institutions required 30 participants to break even; in all three cases the target number was adjusted to 24 or 25 participants per course. This meant that the target number that WEI had projected in its M&E plan became irrelevant, as those decisions became decentralized to the regional partners as part of the capacity building process.

## **1. NGO Participation**

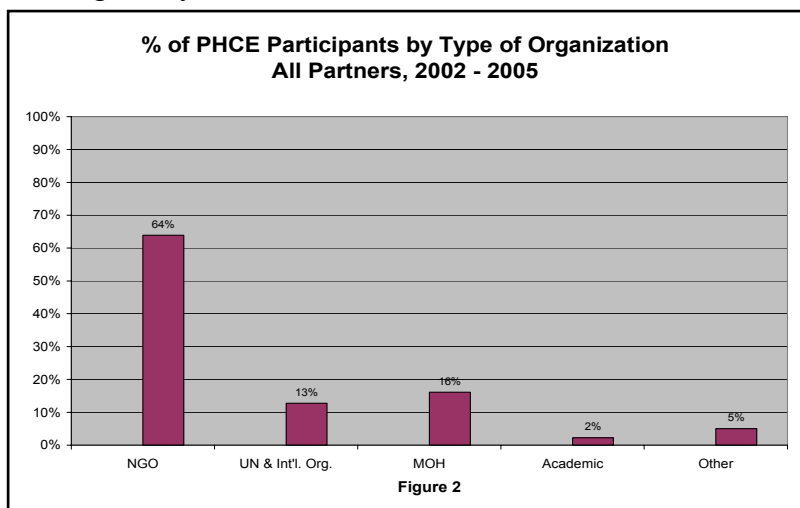
NGOs have always been the primary target audience for the course, and the team has been successful in identifying and recruiting from among NGOs. In all of the courses that it has implemented, NGOs have provided the majority of participants, a fact that is attributable to

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<sup>6</sup> PHCE I ended in 2001; the first course for PHCE II was held in August 2003.

IRC's global outreach efforts and to the local and regional outreach and personal follow-up of the regional implementers. (See Figure 2).

This chart does not show the number of potential applicants that do not apply for lack of funding, many of them from smaller NGOs that do not have resources to send their staff to



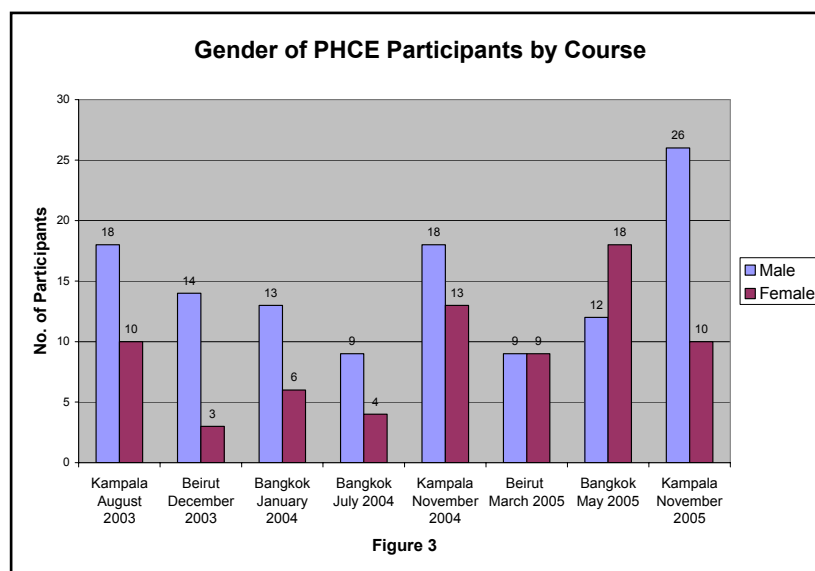
international courses. This is a concern because they are often the front line responders to emergencies and could most benefit from the knowledge and skills gained during the course. The PHCE Partnership is considering setting up a scholarship fund which would make the course more accessible to those who could most use it.

## 2. Gender Balance

Another goal of the course organizers has been to ensure that there is as equal a gender balance as possible. The following chart demonstrates that the majority of participants have been male. In only one case (Beirut, 2005) were there equal numbers of men and women in the cohort. (See Figure 3).

This distribution could be attributed to several factors. In the field of emergency response, men may outnumber women. Women may not be as aggressive as men in seeking professional development experiences such as this course.

Another possibility is that, in their desire to fully subscribe courses and meet financial goals, PHCE regional institutions may pay less attention to the details of gender balance than they might if meeting financial goals were not so important. In any case, the PHCE team needs to pay attention to stronger advertising targeted for women. In addition, as



the course continues to gain name recognition, the regional partners will be in a better position to pay greater attention to gender balance.

## **B. Objective #2: Build capacity of three regional institutions**

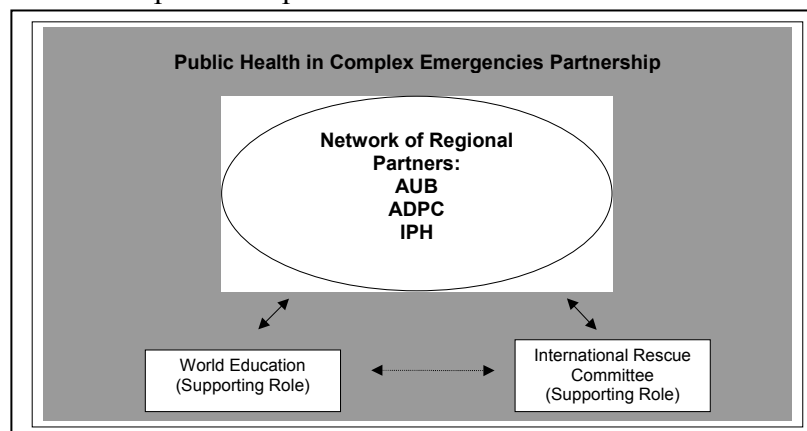
The long-term sustainability of the course has always been a primary goal of OFDA and WEI and its implementing partners. The strategy for achieving this goal was to work with its three partner institutions to help improve their capacity to continue carrying out this course. By early 2005, the regional partners had demonstrated that they were both willing and able to continue to implement the course at their institutions, and WEI recognized that the model for continuing could be either competitive or complementary. In the competitive model, each institution would contend for the same facilitators and participants, thus leaving regional institutions in weaker markets to fend for themselves, no matter how great the need in that region. In a complementary model, the institutions could work together to conduct both global and regional publicity campaigns, coordinate the scheduling of the courses so that no one time of the year is saturated by too many courses, coordinate the recruitment of facilitators for each region and commit to maintaining the quality of the course.

To discuss these possibilities, WEI convened and financed a three-day PHCE Sustainability Meeting in July 2005. The Course Directors from AUB and ADPC attended, along with project staff from IRC and WEI. The CTO from OFDA also participated in the meeting. The IPH Course Director was unable to travel to the US for the meeting, and joined by conference call for selected portions of the meeting.

The meeting had the following objectives:

- To share lessons learned about ensuring quality, financing, logistics, publicity, curricular issues and monitoring and evaluation
- To share current plans for sustaining PHCE within individual regional institutions
- To examine models that could be used to make this global effort sustainable and competitive with other professional development opportunities

The major outcome of the meeting was the decision to form the Public Health in Complex Emergencies Partnership, with the goal of supporting the development of the PHCE Training Program and ensuring that the program's principles and standards are maintained to a high degree of quality. The following diagram illustrates the partnership as it was conceived at that meeting. The focal point of the partnership is the network that is formed by the three regional partners, with U.S. – based organizations WEI and IRC playing support roles within the partnership.



The Partnership outlined specific responsibilities that they anticipate will help maintain the quality of the course, and possibly even expand its reach and impact over the years. Among those responsibilities are to revise the course curriculum and support materials so that they are current with the dynamic realities in the field. The partners agreed to strategize and coordinate the promotion of the program (including developing a plan for how to involve the PHCE alumni in promotion activities), coordinate the recruitment and preparation/training of facilitators, coordinate the scheduling of the course in the three regions so that they complement one another and assess program impact and use the results to revise the program/course to meet emerging needs.

To carry out these objectives the partners know that tuitions will continue to sustain the course financially (in two of the three partners), but that unbudgeted items will require outside sources of funding. To that end, the partner institutions have developed a Memorandum of Understanding and the draft of a concept paper that they will present to potential funders to support quality assurance activities that are not sustained by course tuitions. They will also establish basic policies and procedures that will guide the partnership's pricing structures, course scheduling, recruitment procedures, facilitator compensation and fiscal management.

As stated earlier in this report, each of the regional institutions has committed to continuing to conduct the course within their own institutions. However, the PHCE team considers the Partnership to be a substantially larger commitment to sustaining the course and to helping solidify their reputations in their respective regions than simply conducting the course on their own, or even integrating it into their graduate program offerings. They see it as a way to establish a global "brand" for PHCE, and to work with a team of people that is committed to helping develop a cadre of people that is better prepared to respond to humanitarian crises.

### **C. Objective #3: Expand pool of qualified facilitators**

Expanding the pool of qualified facilitators is recognized as critical to the survival of the course. The original facilitators could not be expected to continue to facilitate all of the courses, and the context of emergencies changes so rapidly that it is imperative that PHCE identify and recruit facilitators with recent experience in a range of emergencies.

The PHCE team has met the challenge of expanding the pool of qualified facilitators for the course. An analysis of the database of facilitators who have trained the PHCE course show that of the 66 people in the pool of qualified facilitators under the first OFDA grant, only 10 remained in the pool during the second grant. This means that the PHCE team not only expanded the pool of facilitators, it *rebuilt* the pool of facilitators under the second grant.

This was necessary for a number of reasons. First, Columbia University's responsibility to the PHCE team included recruiting qualified facilitators for the course. When their representative to PHCE left his position at Columbia, it left the course without an advocate there. During the first two years of the agreement, WEI and IRC took on responsibility for

identifying and recruiting trainers for the course without the benefit of CU's network. As regional partners became more involved, they took over this responsibility, still receiving support from WEI and IRC when needed. Currently, the pool of facilitators stands at 67 technical facilitators, of whom approximately twenty are regionally based. Of the entire pool, ten are former participants in a PHCE course. (*Database of PHCE Facilitators is attached*).

The PHCE team has learned many lessons from this process. First, a course is only as good as its facilitators, and good facilitators create essential "word of mouth" publicity, which is the best publicity. However, finding high quality facilitators is not an easy task. Internationally recognized experts are often first line responders to emergencies, which sometimes conflict with course schedules. They often have engagements at academic institutions that they are unable to reschedule. In addition, they are a major expenditure from the PHCE partners' budgets, as their international air fare, accommodation, and honoraria are all paid from the partners' budgets.

To supplement the availability and cost of international facilitators, the team has concentrated on identifying and recruiting regional facilitators. The challenge there is to find regional facilitators with field experience in complex emergencies in different situations around the world. While a combination of internationally recognized and locally based facilitators is optimal, when regional institutions consider their internal budgets they have to make difficult decisions and are often forced to recruit facilitators whose qualifications are not as extensive as they might wish. This decision would not be so difficult to make, except that regional institutions usually do not know what their budgets will be until they have closed the application process (often only a few days ahead of the opening of the course).

To meet this challenge, several strategies have been attempted. Co-facilitating with a seasoned expert is one of those strategies. AUB's response to this challenge has been to continue to hire internationally recognized facilitators for core modules while aggressively pursuing connections with the Eastern Mediterranean Regional Office of WHO, as well as ties with Ministries of Health in neighboring countries. ADPC has responded by hiring facilitators from among its own staff to facilitate up to five modules per course. While this is a cost savings for ADPC, it does not necessarily provide the diversity or depth of experience that is gained from having different trainers facilitate technical modules. IPH has pursued the co-facilitation model to the extent that they have co-facilitators for almost every module.

Another strategy that regional partners pursued is that of identifying facilitators from among PHCE participants. This strategy works fairly well, especially if they are field-based. Field experience lends them credibility, and having participated in the course means that they are familiar with the types of issues that arise in a course, they are aware of the methodology employed, and prepare well for facilitation. Approximately 10 current facilitators have been participants in a previous course.

Finally, the PHCE team has learned that the Managing Facilitator's role is very important in orienting, supporting and giving feedback to the technical facilitator, as well as paying attention to the learning needs of the participants. An experienced Managing Facilitator can help the technical facilitators make a difficult session be conducted seamlessly. The PHCE Partnership is considering a Training of Trainers for Managing Facilitators to help improve their skills in orienting facilitators, giving them feedback and maintaining the connections among the modules.

## **VI. Monitoring and Evaluation**

WEI submitted a Monitoring and Evaluation Plan to OFDA in the first year of the project. Monitoring and evaluation took place on three levels: (a) individual course participants; (b) participants' organizations; and (c) regional partner institutions.

### **A. Results for individual course participants**

Monitoring and evaluation of individual course participants took place before, during and after every course. The PHCE team used evaluation mechanisms that were designed not only to provide information about the impact of the course, but also to help participants and organizations reflect on and use what they learned. Results showed impressive gains in individual learning, as well as dissemination of information to a large number of staff at participating organizations.

#### **1. Pre-course action plan**

Before coming to the course, participants were asked to fill out a preliminary action plan to start them thinking about how they could apply what they learned. They were encouraged to discuss this plan with their supervisors.

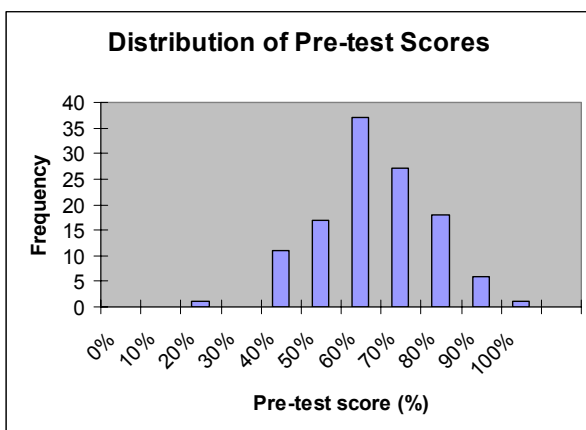
In the first round of courses in 2003-2004, very few participants completed and brought this plan to the course. However, by ADPC's May 2005 course, most participants were completing the plan.

#### **2. Daily module evaluations**

At the end of each module, participants filled out an evaluation form or took part in a short daily evaluation activity. These evaluations helped course organizers pinpoint which modules or facilitators performed well or poorly. For the most part, a majority of participants in all courses and all modules rated the modules as applicable to their work and gave facilitators good ratings for effectiveness. (Detailed evaluation results are provided in each course Report.) Course organizers and facilitators reviewed evaluation results daily in order to make on-the-spot adjustments when possible. This feedback also helped organizers to make decisions about which facilitators to invite back for subsequent courses.

In the overall evaluation form filled out at the end of the course, nearly all participants in all courses said that the course had successfully met its objective of training people to become more knowledgeable participants in decisions about public health issues in emergency settings.

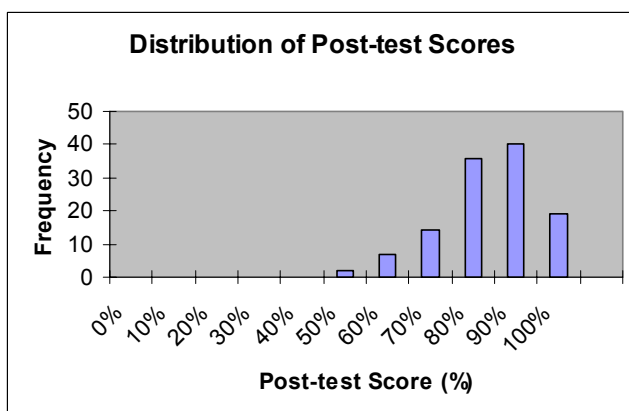
### 3. Pre-test and post-test results



Participants took a short test covering key concepts from the ten course modules on the first day of the course. At the end of the two weeks, they took the same test again to measure their progress. Results showed a significant increase in knowledge by the end of the course. (Note: Results presented here are from six out of the eight courses<sup>7</sup>, based on availability of test data.)

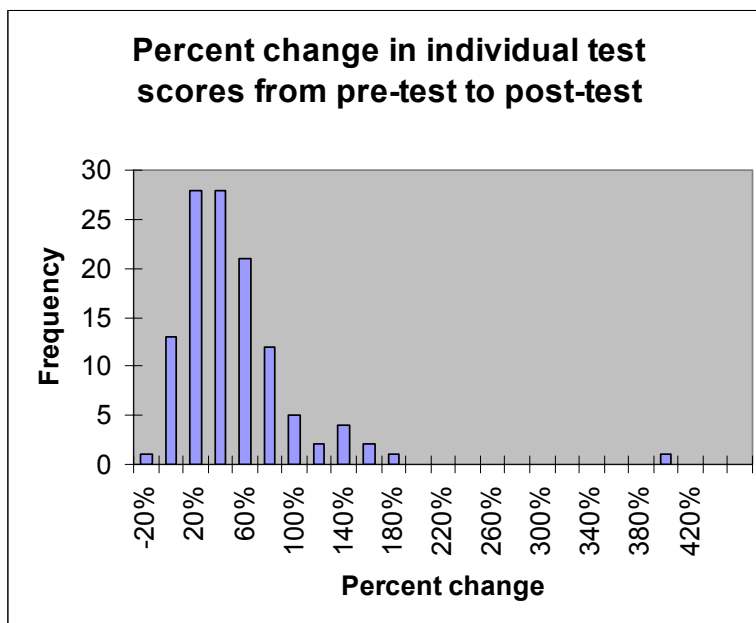
**Pre-test** scores were relatively low, indicating that course material is still new to many participants. The scores varied widely, ranging from 16% to 95%, with an average of 60%.

Pre-tests also gave facilitators a valuable gauge of participants' experience and familiarity with the subject matter, so that they could adjust their lesson plans accordingly.



**Post-test** scores showed significant improvement in all courses. The average post-test score across all courses was 80%, with a range from 42% to 100%.

<sup>7</sup> Results are from: IPH August 2003; AUB December 2003 and February 2005; ADPC January 2004, July 2004, and May 2005.



**Improvement:** On average, individual participants improved their test scores by 43%. The average score across all participants rose from 60% to 80%, a 35% improvement.<sup>8</sup>

Average pre- and post-test scores were similar across the courses. The greatest improvement in individual scores was in the 2003 course held at American University of Beirut.

#### 4. Follow-up survey

IRC conducted follow-up surveys of participants by email 3 to 6 months after each course. The surveys were designed to evaluate the course's impact on individual participants as well as the broader impact on their organizations.

However, it proved to be very difficult to collect responses. Only 28 out of 156 participants responded (18%), with many of these coming from the first round of courses in 2003. Despite IRC's best efforts to keep the contact list up to date, many participants in this highly mobile field changed jobs and contact information frequently. Others simply did not respond. The original Monitoring and Evaluation Plan for the course was based on the assumptions that it would be possible to locate at least 50% of course participants for follow-up, and that participants would return to their work sites for at least 3-6 months after the course. These assumptions did not hold true. For future course evaluations, the PHCE team agreed that a shorter, one-page survey, distributed one month after the course, would yield a higher response rate.

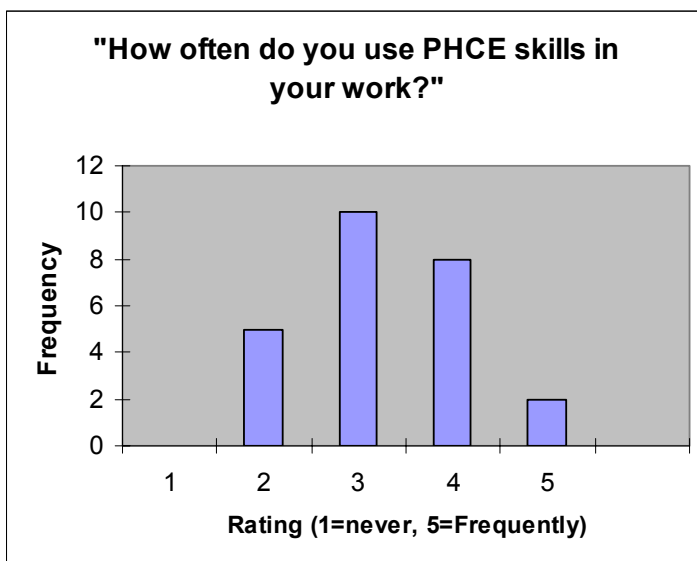
Based on those participants who did respond, the results were as follows.

"I used the knowledge and skills I learned in PHCE Course when... I was a member of a team that developed guidelines in health emergencies, when I was a facilitator for the health emergency management training for provincial/district levels, when I was the member of a team that developed/revised curriculum for health emergency training, and when I was asked to prepare the senior official of MOH." *Indonesian Participant, ADPC 2004.*

<sup>8</sup> Note: English language skills may have been a barrier to performing their best on the tests for some participants.

### Individual impact:

- *How frequently participants applied knowledge and skills from the course in their work:* In the survey, participants were asked to rate the frequency of workplace application on a scale of 1 to 5, with 1 indicating “don’t use it” and 5 meaning “use it very frequently.” The mean score for this question was 3.28. The chart below shows the distribution of responses.



Participants reported using PHCE skills for such activities as:

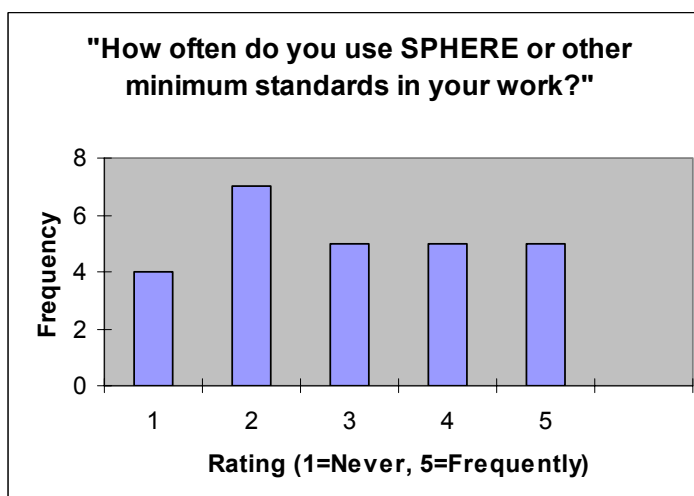
- Applying Sphere minimum standards to their monitoring and planning activities in water and sanitation, communicable diseases, food distribution, and reproductive health.
- Participating in coordination bodies with other agencies during emergencies.

- Giving recommendations

based on data for appropriate program planning in disease control, water and nutrition programs.

- *How frequently participants applied Sphere or other minimum standards to program planning and monitoring, on the same scale of 1 to 5:* The mean score was 3.0 (distribution shown below). Some participants indicated that the standards were not relevant to their current responsibilities.

- *Whether or not participants had been promoted or received increased responsibilities as a result of completing the PHCE course:* 21% of those who responded said yes. Some examples of increased responsibilities included coordinating all emergency programs in a conflict area, acting as Medical Coordinator for an organization, and becoming a master trainer of other staff.



## 5. Action plans

All participants filled out an Action Plan at the end of the course, indicating how they planned to use what they had learned from PHCE back at their work sites.

The most common plan in all courses was to train colleagues and local partners using material from the PHCE course. These plans included enriching the existing MOH training on the mental health of displaced children in Aceh; training on Sphere; and workshops for backpack doctors on the Thai-Burma Border on violence, weapons and trauma.

Participants also planned to use course materials to make job aids or references for their colleagues, such as developing a pocket guide for district health personnel; disseminating the rapid health assessment form provided in the PHCE manual; and writing a weekly newsletter for staff.

The plans demonstrated that the course succeeded in sensitizing participants to new or previously neglected program areas; for example, one person planned to introduce gender balance in recruiting new staff; others said they wanted to hire a protection officer, or a focal person for psychosocial issues.

- Psychosocial issues were especially popular; several people expected to devote more program resources to this sector, including assessing the psychosocial status of children in Iraq, or developing a new psychosocial program strategy.
- HIV/AIDS surveys and program activities also featured in many action plans, including care for people living with HIV/AIDS in camps in Northern Uganda, conducting a KAP survey, and introducing post-exposure prophylaxis in NGO programs in East Africa.
- Participants planned to strengthen reproductive health services by adding gender-based violence to their surveillance system in camps; adding MISP to their next funding proposal; and increasing integration with other program areas.

Many plans addressed coordination. Some participants simply hoped to participate more actively in existing coordination meetings, while others said they would try to establish new coordination mechanisms.

## 6. Action Plan Results

Fifty-seven percent of respondents to the follow-up surveys said that they had made progress on their action plans. Most of these had briefed or trained colleagues as part of their plan. Others had succeeded in hiring a new Protection Officer; providing technical assistance to HIV/AIDS programs; setting standards for performance of programs they managed; and creating a radio show for promoting hygiene and other healthy behaviors in the community.

Those who had not moved forward with their plans cited lack of funding, lack of time, waiting for completion of needs assessment to guide their future activities, or waiting for the next budget year.

## **B. Results for Participants' Organizations**

To measure the impact on the organizations sending employees to the course, the **follow-up survey** was the main instrument used. According to the survey respondents, the course had a broad impact on many more humanitarian workers within participating organizations beyond those who attended the course, with survey respondents disseminating their knowledge and skills to more than 360 colleagues. If these numbers hold true for all course participants, PHCE information has reached over 1,700 relief workers in the 54 participating organizations.

- *Number of colleagues and/or supervisors briefed on the course by participants:* The 28 respondents had briefed a total of 364 co-workers, or an average of more than 11 people each.
- *Number of colleagues with whom participant has shared PHCE resource materials, such as manuals, reference books and articles:* The number was similar at 363.
- *Number of colleagues and/or supervisees trained in PHCE skills & knowledge by participants:* The 28 respondents trained 118 co-workers, for an average of 4 people each.

The survey also asked about *emerging training needs* in participants' organizations. While there was no consistent trend, some responses included:

- Rapid assessment techniques for mass displacement.
- Commodity handling in emergency operations.
- Program management training.

## **C. Results for Regional Partner Institutions**

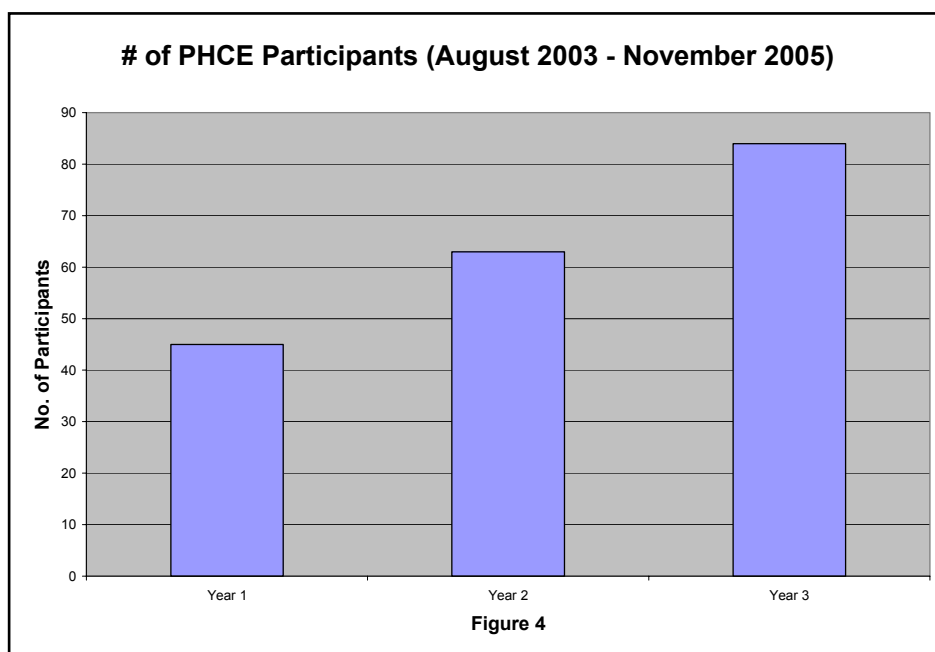
The regional partners succeeded in meeting all of the targets established to measure their progress toward institutionalizing the course.

- All partners conducted at least two courses during the three year project period. ADPC and IPH conducted three courses each.
- 21 new regionally-base facilitators were brought on as trainers.
- Each partner institution trained one or more staff members to fill the roles of Managing Facilitator and Course Director.
- All partners completed the required pre-course correspondence and post-course follow up with supervisors and participants

- All partners developed an institutionalization plan, including a financial sustainability plan identifying potential funding sources to approach. *See Section IV. for a discussion of progress against this target.*
- All partners maintained adequate record-keeping systems to track admitted participants. From the beginning of this agreement, all regional institutions have been involved in vetting applications for their respective courses. After the second course in each region, IRC handed over the application process to individual institutions, playing a support role when necessary (for example, when they needed help deciding whether a candidate fit the admissions criteria).
- All partners maintained adequate financial and billing systems for management of subcontract. Each partner has taken on responsibility for developing and accounting for its budgets and expenditures, reporting to WEI after each course. Under this cooperative agreement, WEI was required to act as the fiscal agent in receiving tuitions. On receiving proper narrative and financial documentation, WEI reimbursed the partners for allowable expenditures. After November 2005, WEI no longer played that role, and each institution will be responsible for collecting tuition payments according to their internal accounting systems.

## VII. Lessons Learned

Conducting the Public Health in Complex Emergencies course is somewhat like responding to a series of complex emergencies. The context of humanitarian relief work is constantly changing, potential applicants are always moving from one place to the next, well-qualified facilitators are in demand by other organizations and responsibilities, each institution has its own culture and decision-making patterns, and acts of nature and man continually upset schedules and plans. Given all of those factors, the PHCE team has been successful in rebuilding the course, as demonstrated by the positive growth in numbers of participants that are accepted to PHCE (*See Figure 4*).



### A. Maintaining Quality:

The lesson that regional institutions have learned (sometimes the hard way) is that the quality of the course is critical to ensuring that participants will recommend the course to others, either in their own organizations or elsewhere. The quality of the course is determined by several factors, chief among them the relevance of the curriculum to the ever-changing realities of complex emergencies, the experience and skills of facilitators, the mix of nationalities, organizations and experiences that are represented in the participant cohort and the venue and accommodation that are provided the participants.

The three institutions involved have limited resources from which to underwrite the course, and so securing participants become the primary goal of the organizers. Without income, the course cannot be carried out. If financial goals supersede quality goals, the organizers may recruit facilitators that are less than qualified for the course, and/or they may accept any person that applies to the course, regardless of whether s/he fits the selection criteria.

In some cases, accepting more than the optimal number of participants per course can lead to erosion in the quality of learning.

## 1. Curriculum:

The PHCE curriculum must be constantly updated so that PHCE remains relevant to newly emerging situations. This is a difficult and time consuming process, as it is difficult to find experts who will reach consensus on what needs to be included in the curriculum, even when they have time to devote to the process. This has proven to be the case even when the content experts are offered a stipend for their time.

One lesson from this experience is to work more closely with regional institutions to develop their skills in revising curriculum to meet changing needs. An option would be to work with graduates of the course to identify the needs that they see happening and to work with them to develop case studies or other exercises that address emerging issues. To ensure technical veracity of the content, internationally recognized experts would review and respond to the case studies, which may prove easier for them to manage than having to begin from “scratch.”

## 2. Participants:

The international flavor of the course is well received by participants and facilitators. The methodology requires groups to work together to solve problems and decide strategies, stimulating discussions and an excellent learning atmosphere. Each module builds on the previous ones, and the idea of coordinating efforts to achieve more effective results is a new one for many practitioners. In many cases, friendships and informal networks last long after the course is over.

As a participant in PHCE, my objectives were to further develop my training and expertise so that I might more effectively minimize mortality rates during acute phases of emergencies. One could not expect a higher return on investment. *Participant, IPH 2005*

There are two major challenges with locating and attracting appropriate applicants for the course. The different actors that are involved in responding to humanitarian crises in different regions of the world, require a two-pronged publicity approach. One is a global “broadcast” publicity campaign followed by a more personalized “narrow cast” in which the regional institutions make individual follow up to potential sponsoring organizations. This approach seems to have been successful, and should be continued.

The second challenge is that of tuitions. The team knows that it loses applicants because they or their organizations do not have sufficient funds for tuitions. While partners refer those applicants to regional WHO offices or to other, larger NGOs, those strategies meet with limited success. AUB has underwritten local NGO participants with institutional funds to ensure that they will be able to attend. In future, it would be helpful if the

Partnership were to set up a scholarship fund to allow greater access to smaller organizations that are most in need of the course.

This might have an ancillary benefit as well. If the partners knew in advance the number of paying tuitions they would collect, they might be able to subscribe courses more quickly, be able to make decisions about venues and facilitators more quickly and with more flexibility.

## **B. Institutional capacity building and partnerships:**

From World Education's perspective, the institutional capacity building process was less "capacity building" than it was a "strengthening capacity" process. The institutions were chosen because they either had previous experience with PHCE or similar Courses, and/or they were already recognized in their regions as reputable sources of quality training and education. One indicator that the goals of this capacity building process have been achieved is that the regional partners would not otherwise have chosen to continue this endeavor.

In reflecting on its work with the regional institutions, a major lesson learned by WEI is spending more time working with the regions *as a group* would have probably benefited all. This could have been done either in person or virtually. Doing so would have provided the opportunity for the entire team to collectively learn skills related to implementing the Course and ensuring its quality and would not have required any more resources than the team already had available. Beginning earlier to network the regions would have helped to develop their skills in writing reports, evaluating the Courses and analyzing those results and then making adjustments based on that data. Learning from one another about how they manage complicated decisions would have been extremely valuable to everyone.

In any event, the fact that the regional institutions have signaled their commitment to continuing the Course by forming a Partnership is welcome and exciting. It will mean a change in the way in which they work because maintaining (and improving) the quality of the Course will depend on all of the members of the Partnership, and decisions must be made with the knowledge that they will affect not just one institution, but a worldwide "brand" of which they are a part. The synergies that can be gained from working together with others will require a strong commitment to the Partnership's goal and leadership that pays attention to the internal decision making and problem solving processes of the Partnership.